Letter to the editor: The impact of targeted rheumatoid arthritis pharmacologic treatment on mental health: A systematic review and meta-analysis: Reply

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To the Editor,

We thank Dr Zembrzuska for her letter relating to our systematic review and network meta-analysis describing the impact of targeted pharmacological treatments on mental health outcomes in rheumatoid arthritis (RA) [1]. She highlights clearly the disparity in approach towards managing physical versus mental comorbidities in rheumatological practice. Approximately one in four people with RA will also have symptoms of depression [2] and there has been extensive recent research conducted by us here at King's College London, and by colleagues worldwide emphasising the impact common mental disorders such as symptoms of depression and anxiety may have on long-term physical health outcomes and treatment response in RA [3-6]. The consequences of mental comorbidity in the context of RA are clear: patients have significantly impaired long-term functioning and may not respond well to expensive treatments.

There are some small-scale local examples of excellent progress made in this area. The Integrating Mental and Physical Healthcare: Research, Training and Services (IMPARTS) project provides a generic platform for web-based patient reported outcome measurement including mental health screening which allows all patients attending general hospital outpatient appointments to be assessed for symptoms of depression and anxiety as part of routine clinical practice [7]. This system links with electronic health records, allowing routinely collected physical and psychological symptoms to be immediately available for review by the treating clinician, with advice for onward referrals and links with hospital and community-based mental health services where available. In the UK, the NHS-funded programme Improving Access to Psychological Therapies (IAPT) began offering new services for people with long term conditions in 2018, which may go some way to address this unmet need. Whilst there are also some examples of dedicated psychology time allocated to rheumatology clinics, there is a huge need for standardisation in the funding of such roles to ensure all patients have equal access to psychosocial support.

Depression and anxiety in the context of physical disease are treatable [8-9] and data from other disease areas suggests that successfully managing psychiatric co-morbidities is likely to be cost-effective [10-11]. The implementation of effective mental health care into routine practice is dependent on commissioning policies funding sustainable systems of integrated health management, changes in organisational structure and professional flexibility, and the design of pragmatic interventions relevant to the context of delivery. Providing dedicated mental health care within the context of clinical disease management, as suggested by Dr Zembrzuska, is essential to achieve parity of esteem and improve patients' physical health, response to treatment, and overall quality-of-life.

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